

Case Number:	CM15-0024691		
Date Assigned:	02/17/2015	Date of Injury:	09/17/2014
Decision Date:	03/31/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/09/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 49 year old female, who sustained an industrial injury on 9/17/2014. The current diagnoses are thoracic and lumbar spine sprain/strain, multilevel lumbar spine disc protrusions, and left arm contusion. Currently, the injured worker complains of upper back, low back, and left arm pain. The upper back pain is described as constant and rated 8/10. The pain radiates to the shoulders, head, and mid back. The lower back pain is described as constant and rated 8/10. The pain radiates to the left leg and foot with associated numbness, tingling, and a weakness sensation. The left arm pain is described as intermittent, non-radiating, and 8/10 on a subjective pain scale. There is numbness, tingling, and a cramping sensation. An MRI of the lumbar spine on 1/7/2015 showed disc desiccation at L1-L2 down to L5-S1, Modic type II end plate degenerative changes at T12-L1, L3-L4 down to L5-S1, straightening of the lumbar lordotic curvature, and Schmorl's node at T12. The treating physician is requesting Cyclobenzaprine 2%, Flurbiprofen 25%, 180mg and Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%, 180gm, which is now under review. On 2/2/2015, Utilization Review had non-certified a request for Cyclobenzaprine 2%, Flurbiprofen 25%, 180mg and Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%, 180gm. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Cyclobenzaprine 2%, Flurbiprofen 25%, 180mg, no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states regarding topical muscle relaxants, Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. Topical cyclobenzaprine is not indicated for this usage, per MTUS. MTUS states, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. As such, the request for Cyclobenzaprine 2%, Flurbiprofen 25%, 180mg, no refills is not medically necessary.

Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%, 180gm, no refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Capsaicin Page(s): 111-113; 28.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states that topical Gabapentin is not recommended. And further clarifies, antiepilepsy drugs: There is no evidence for use of any other antiepilepsy drug as a topical product. MTUS states, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. As such, the request for Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%, 180gm, no refill is not medically necessary.